Eligibility

Eligibility Verification

Just a brief note…

- …about where we have been in 2016.

- …about where we are going in 2017.

Eligibility Verification

- Verify member eligibility on the date of service.
  - ❖Viewing the card alone does not ensure member eligibility neither does having prior authorization on file.

- Failing to verify eligibility on the date of service may mean a denied claim.
  - ❖If, for example, the member was not eligible on the date of service, or the service provided was outside the member's scope of coverage, the claim will deny.

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Eligibility and Coverage

- States are required to include certain types of individuals or eligibility groups under their Medicaid plans and they may include others.

- States' eligibility groups will be considered one of the following:

- Categorically Needy

- Medically Needy

- Special Groups

- Three types of critical health protection for people with low incomes:

- Health insurance for families with children and for people with disabilities

- Long-term care, such as nursing facility care, for older people and people with disabilities

- Supplemental coverage for Medicare enrollees, including assistance paying Medicare premiums and obtaining services for which Medicare coverage is limited (e.g., prescription drugs).

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Eligibility Verification

And a disclaimer…

- Xerox _does not_ determine eligibility.
- Office of Public Assistance (OPA).
- CHIMES loads to the Medicaid Management Information System (MMIS).
- MMIS consists of various subsystems, each of which contains a specific set of data used in claims processing.

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Common Eligibility Verification Methods

1. Online! Montana Access to Health (MATH) Web Portal.

2. Integrated Voice Response (IVR) - (800) 714-0060
   - Available after hours

3. FaxBack (800) 714-0075
   - Available after hours

4. Provider Relations - (800) 624-3958 or (406) 442-1837

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1. Montana Access to Health (MATH) Web Portal

- Montana Healthcare Programs Provider Information website: www.medicaidprovider.mt.gov

- Created by Xerox in conjunction with DPHHS

- Eligibility inquiry capability plus other features

- Secure website

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www.medicaidprovider.mt.gov

MATH Web Portal

MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

Montana Access to Health Web Portal

| Log In |
| Web Registration |
| Provider Enrollment |
| Provider Information Website |
| Electronic Billing |
| Provider Locator |

Welcome to Montana Access to Health Web Portal!

Montana Access to Health Web Portal provides the tools and resources to help healthcare providers conduct business electronically. If you have already registered to use the Montana Access to Health Web Portal, Log In below. If you have already completed a Montana Enrollment Form, but have not yet registered to use the Montana Access to Health Web Portal, click the Web Registration button on the left side of this page to begin. If you are a new provider or have not already completed a Montana Enrollment Form, visit Provider Enrollment for step-by-step instructions.

Log In

Enter your User ID and Password and click 'Log In.' If you do not have a User ID and Password, contact your Office Administrator.

User ID: XXXXXXX   Password: ●●●●●●●●

Log In   Forgot Your Password?

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Eligibility Inquiry

Montana Access to Health Web Portal Home Page

Navigate to any of the functions in the Web portal by clicking the following links or by using the top information about each function, click the corresponding column header. Click on 'My Profile,' loca section, to display your current Montana Access to Health Web Portal profile. You will be able to pe allowed by the user privileges assigned to you.

Site Contents

Inquiries	Submissions	Retrievals	Manage Users
Eligibility	Upload Files	View/Download Files	Add New User to Organization
Claim Status		View e!SOR Reports	Add Existing User to Organization
Provider Payment Summary		My Inbox	Update or Remove Users/Reset Password
Claims-based Medical History			Manage Submitter IDs
Electronic Health Record			
Ask Provider Relations			
Provider Locator			

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Inquiry: Eligibility

Eligibility Inquiry

Home > Inquiries > Eligibility Inquiry > Eligibility Inquiry Confirmation   MT DPHHS

Eligibility Inquiry Confirmation

If this is the client you wish to inquire on, click 'View Client Eligibility.'

Client Original   1234597
Name: Jane Doe
Date of Birth: 02/01/1990
Gender Code: F: Female

[Back to Eligibility Inquiry]   [View Client Eligibility]

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Eligibility Response: Client Demographics
1 of 2

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Eligibility Response

Co-payment cannot be charged to the member until a health care claim for services has been submitted and paid. Co-payment amounts may be less or exempt per Administrative Rules. Please refer to your Medicaid Provider Manual for covered services and additional information.

Service Types

Service Type Code	Co-Payment/Co-Insurance
AL: Vision (Optometry)	$ 0.00
MH: Mental Health	$ 0.00
35: Dental Care	$ 0.00
88: Pharmacy	$ 0.00

Eligibility Spans   **About HMK/HMKPlus**

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	OT: Other	HMK/CHIP	HMK/CHIP Basic Plan	06/01/2016	07/31/2016

Information Source Data

Organization/Last Name:	Medicaid
Identification Code Qualifier:	PI: Payor Identification
Contact Name:	ACS Provider Services
Primary Identifier:	77039
Communication Number:	8006243958

Information Receiver Data

Organization/Last Name:	MT DPHHS
First Name:	M.I.:
NPI or Provider Number:	0001110928
Portal ID of Requestor:	

| Inquiries | New Eligibility Inquiry | Current Eligibility Inquiry | Medical History Inquiry |

2. Integrated Voice Response

- (800) 714-0060

- Verbal verification

- Press 1 to search by member ID number

- Press 2 to search by card control number

- Access one member at a time
  - ❖ Multiple members within phone call

- Options to check provider payment and claim status

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3. FaxBack

- (800) 714-0075

- Enter provider ID and member ID number

- Response within 10 minutes

- Paper verification

- TPL information located on page 2 of fax

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MONTANA HEALTHCARE PROGRAMS ELIGIBILITY VERIFICATION SYSTEM
FAXBACK REQUEST RESPONSE

Provider Services Phone: 1-800-624-3958
Total Pages Transmitted: 2
To: ACS
Provider ID/NPI: 1110889
Provider Phone: 0000000000
Provider Fax: 4064422819

Input Information

Client ID:		Date of Birth:	01272004
Date of Service:	07192012	Card Control Number:	1111232

Transaction Response

Audit No.:	201220111373313FM	Client Name:	DOE, JOHN
Mcaid/HMKPlus:	Y		
Client Gender:	M	Card Control Number:	1111232
Date of Death:	00000000	Date of Birth:	01272004
Original ID:		Current ID:	111331111
HMK/CHIP:	N		
Medicare #:	0000000000	Part-A/B:	N/N
No. of TPLs:	01	Nursing-Home:	N
Incurment Day:		Waiver:	N

Benefit Summary (includes Managed Care, QMB, and Team Care)

The child is eligible for Healthy Montana Kids Plus. Is not eligible for the Medicare Savings Program. The client is not responsible for an incurment amount. The client is on Passport to Health. The client has third party insurance coverage.

MHSP Eligible: N

Passport: Y

Team Care: N

PCP Provider: WEST GRAND FAMILY MEDICINE   **Phone #:** 4062374040

Restricted Pharmacy: N

Pharm Name: NAME NOT FOUND   **Phone #:**

FaxBack

Current Third Party Liability (TPL) Coverage

Carrier Name:	PREMERA BC	Carrier Code:	K85
Address:	P O BOX 91059 SEATTLE, WA 98111-9159		
Begin Date:	20110401	End Date:	20991231
Policy #:	311113111	Group #:	9002235
Subscriber Name:	DOE	Subscriber Initial:	R
Subscriber SSN:			

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4. Provider Relations Call Center

- (800) 624-3958 or (406) 442-1837

- Monday through Friday

- 8 a.m. - 5 p.m. Mountain Time

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Additional Eligibility Verification

What does the member have for coverage?

- Standard Medicaid

- Healthy Montana Kids (HMK)

- Healthy Montana Kids *Plus* (HMK Plus)

- Mental Health Services Plan (MHSP)

- Qualified Medicare Beneficiary (QMB)

- Specified Low-Income Medicare Beneficiary (SLMB)

- Psychiatric Residential Treatment Facility (PRTF)

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Other Items to Consider…

Are the services covered?

- Montana Healthcare Programs Provider Information website: www.medicaidprovider.mt.gov
  - ➢ **Resources by Provider Type**
    - link to access provider type pages.
  - ➢ **General Information for Providers**
    - manual and specific manuals for your provider type.

- Fee schedules
  - Passport indicator
  - Prior authorization

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Provider Relations Contact Information

Call Center

- (800) 624-3958 or (406) 442-1837
- Monday through Friday
- 8 a.m. - 5 p.m. Mountain Time

Field Representatives

- Dan Hickey   (406) 457-9553
- Jason Armstrong   (406) 457-9598

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